

JAN 15 2008



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Subject Serial No.: 10/537,645

Filing Date: 11/16/05

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Attached:

Associate Power of Attorney
Amendment Transmittal
Amendment and Response
Certificate of Transmission

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JAN 15 2008

AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Del Orco, et al.				Docket No. PGS042USW	
Application No. 10/537,645	Filing Date 11/16/05	Examiner Robert M. Kunemund	Customer No. 23347	Group Art Unit 1792	Confirmation No. 5139
Invention: CRYSTALLINE FORM					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	4 =	0	x \$210.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-1392</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>					
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>					
 <i>Signature</i>			Dated: <i>1/15/2008</i>		
R. Steve Thomas, Reg. No. 52,284 Attorney for Applicants GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398 Telephone: (919) 483-8406 Facsimile: (919) 483-7988			<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p> <p>(Date) _____</p> <p><i>X</i></p> <p><i>Signature of Person Mailing Correspondence</i></p> <p><i>Typed or Printed Name of Person Mailing Correspondence</i></p>		
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Amendment Transmittal

Amendment and Response

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